

City Council
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City of Long Beach



City Manager
Jack Schnirman

Assistant Superintendent of
Parks and Recreation
Paul Ferrante

Parks and Recreation Department



Root to Rise Yoga

Basic instruction in yoga. All levels are welcome.
Stephanie Durso, Instructor

REGISTRATION:

Long Beach Recreation Center
700 Magnolia Blvd.
431-3890

FEE:

\$65.00 cash, credit card, checks or money orders
Checks or money orders made out to City of Long Beach.
No refunds – No exceptions

Registration opens on Thursday, January 4, 2017

There are a limited number of spots available. The class will be filled on a first come, first serve basis.
No mail-in applications will be accepted.

Class dates: Meet at Senior Center – 2nd Floor at 6:45 pm

	January	February	March
Thursday	19 – 26	2 – 9 – 16 – 23	2 – 9

It is recommended that you bring your own yoga mat and water.

Winter 2017 Yoga

**Put Telephone # on check

NAME _____ SEX _____ AGE _____

STREET _____ CITY _____

PHONE _____ E-MAIL _____

I understand that payment is non-transferable and non-refundable. Signature _____

FILL OUT MEDICAL INFORMATION ON BACK OF THIS FLYER

For Rec Use Only:

Receipt # _____ Amt Pd. _____ Date _____ Staff _____ Posted _____

Winter 2017 Root to Rise Yoga
EMERGENCY MEDICAL INFORMATION

(Please print clearly)

PLEASE COMPLETE THE FOLLOWING INFORMATION:

NAME _____ HOME PHONE # _____

AGE _____ SEX _____ BIRTH DATE _____

ADDRESS _____

CITY/STATE _____ ZIP _____

EMPLOYER _____ PHONE _____

IN AN EMERGENCY PLEASE NOTIFY:

NAME _____ PHONE _____

ADDRESS _____

RELATIONSHIP (to above) _____

1. HAS APPLICANT HAD ANY SERIOUS ILLNESS, INJURY OR OPERATION (if YES, give dates & explanations). _____

2. WILL APPLICANT BE TAKING ANY MEDICATION? (if YES, indicate types & effects). _____

3. DOES APPLICANT HAVE A PHYSICAL OR MENTAL DISABILITY ABOUT WHICH THE
INSTRUCTOR NEEDS TO BE AWARE OF FOR INSTRUCTIONAL MODIFICATIONS OR
EMERGENCY PURPOSES? (if YES, please explain:) _____

Participant's Signature

Date